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## Sexually Transmitted Infections in Adolescents – A Problem to be Solved

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### A B S T R A C T

Adolescents are a risk-population for Sexually Transmitted Infections (STIs) since their brain has not yet reached full maturity. It is important to be aware of this problem in order to find solutions to prevent STIs in adolescence.

**Keywords:** Adolescents, Sexually transmitted infections, Sexual intercourse, Chlamydia trachomatis, Neisseria gonorrhoeae

**Abbreviations:** HIV: Human Immunodeficiency Virus; HPV: Human Papillomavirus; STIs: Sexually Transmitted Infections; USA: United States of America

### 1. Editorial

The brain matures until the age of 24 years<sup>1,3</sup>, with young people (15-24 years-old) being known for risk-taking and unawareness of the future consequences<sup>4-6</sup>. That is why this age is particularly vulnerable to Sexually Transmitted Infections (STIs)<sup>7</sup>.

Chlamydia trachomatis and Neisseria gonorrhoeae are the most common bacterial infections in young people, with varying incidence over the years<sup>8</sup>. Human Papillomavirus (HPV) is the most common viral infection in young people, with its prevalence being difficult to access<sup>9</sup>. Chlamydia trachomatis is more common in females, while Neisseria gonorrhoeae is more common in males, according to the last statistical reports of United States of America (USA)<sup>8</sup> and Europe<sup>10,11</sup>.

In the USA<sup>8</sup> and Europe<sup>10-12</sup>, young people account for 50% to 60% of the new cases of Chlamydia trachomatis infections, 30% to 40% of new cases of Neisseria gonorrhoeae, and 10% to

20% of the new cases of syphilis. Young people also account for 10% to 20% of the new Human Immunodeficiency Virus (HIV) cases in the USA<sup>13</sup>, and 5% to 10% in Europe<sup>14</sup>.

Efforts have been made in the last decades to reduce the incidence of STIs. Behavioral interventions raising awareness of STIs and the importance of using condom during sexual intercourse have been tried throughout the years<sup>15,16</sup>. Pre-Exposure Prophylaxis is also a way to reduce HIV spread<sup>17,18</sup>.

Previous studies show that sexual debut is happening earlier than in the past<sup>19</sup>.

Adolescents are not probably aware of the risks of sexual intercourse. This can be worrying, and we must try to understand why this is happening. Is this a failure of our health care systems, which are not advising adolescents to STIs prevention? Are the parents and schools failing in their education? Are the social media doing everything they can to make adolescents aware of this problem?

Several studies have shown that adolescents are a risk-population for STIs<sup>4-6</sup>. The many interventions tried in our society<sup>15,16</sup> seem not to be enough to stop the increase in the main STIs affecting young people<sup>8,20</sup>.

The fact that sexual debut is occurring earlier than in the past constitutes a risk for an increase of the incidence of STIs at a lower age. We should be acting before these adolescents had their first unprotected intercourse. For that, it would be important that there was a universal medical appointment to adolescents, where they would go at least every 3 months, to address questions related to sexuality. This appointment could be made in school by a primary or secondary care physician. If all of the adolescents had this regular appointment, they would not probably feel discriminated because not only the adolescents at risk of STIs would go to this appointment, but all adolescents would.

## 2. References

1. Arain M, Haque M, Johal L, et al. Maturation of the adolescent brain. *Neuropsychiatr Dis Treat*. 2013;9: 449-461.
2. Johnson SB, Blum RW, Giedd JN. Adolescent maturity and the brain: The promise and pitfalls of neuroscience research in adolescent health policy. *J Adolesc Health*. 2009;45(3): 216-221.
3. Colver A, Longwell S. New understanding of adolescent brain development: relevance to transitional healthcare for young people with long term conditions. *Arch Dis Child*. 2013;98(11): 902-907.
4. Sanci L, Webb M, Hocking J. Risk-taking behaviour in adolescents. *Aust J Gen Pract*. 2018;47(12): 4626.
5. Siraj R, Najam B, Ghazal S. Sensation seeking, peer influence, and risk-taking behavior in adolescents. *Educ Res Int*. 2021.
6. Galvan A, Hare T, Voss H, et al. Risk-taking and the adolescent brain: Who is at risk? *Dev Sci*. 2007;10(2): F8-F14.
7. Yarber WL, Parrillo AV. Adolescents and sexually transmitted diseases. *J Sch Health*. 1992;62(7): 331-338.
8. Centers for Disease Control and Prevention. Sexually Transmitted Infections Surveillance 2023. Atlanta: US Department of Health and Human Services. 2024.
9. Gibson EJ, Bell DL, Powerful SA. Common sexually transmitted infections in adolescents. *Prim Care*. 2014;41(3): 631-650.
10. European Centre for Disease Prevention and Control. Chlamydia. Annual Epidemiological Report for 2023. Stockholm: ECDC. 2025.
11. European Centre for Disease Prevention and Control. Gonorrhoea. Annual Epidemiological Report for 2023. Stockholm: ECDC. 2025.
12. European Centre for Disease Prevention and Control. Syphilis. ECDC. Annual Epidemiological Report for 2023. Stockholm: ECDC. 2025.
13. Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2018-2022. HIV Surveillance Supplemental Report 2024;29(No 1). 2024.
14. European Centre for Disease Prevention and Control/WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2025 – 2024 data. 2025.
15. Mayaud P, Mabey D. Approaches to the control of sexually transmitted infections in developing countries: Old problems and modern challenges. *Sex Transm Infect*. 2004;80(3): 174-82.
16. Robin L, Dittus P, Whitaker D, et al. Behavioral interventions to reduce incidence of HIV, STD, and pregnancy among adolescents: *J Adolesc Health*. 2004;34(1): 3-26.
17. National Institute for Health and Care Excellence. Reducing sexually transmitted infections. NICE guideline. 2022.
18. Machado DM, de Sant'Anna Carvalho AM, Riera R. Adolescent pre-exposure prophylaxis for HIV prevention: current perspectives. *Adolesc Health Med Ther*. 2017;8: 137-148.
19. Lewis R, Tanton C, Mercer CH, et al. Heterosexual practices among young people in britain: evidence from three national surveys of sexual attitudes and lifestyles. *J Adolesc Health*. 2017;61(6): 694-702.
20. European Centre for Disease Prevention and Control. Monitoring of the responses to sexually-transmitted infection epidemics in EU/EEA countries, 2024. Stockholm: ECDC. 2025.